

EXHIBIT 14

CURRICULUM VITAE

Personal Details

John A. Tetnowski
Ben Blanco/BORSF Endowed Professor in Communicative Disorders
Professor
University of Louisiana at Lafayette
Tenured since 2001

Current Address: 218 Acacia Drive, Lafayette, LA 70508

Current Institutional Address: University of Louisiana at Lafayette, Department of
Communicative Disorders, P.O. Box 43170, Lafayette, LA 70504-3170

Degrees Earned

B. A., University of Central Florida, 1981, Communicative Disorders and Sciences
M. A., University of Central Florida, 1982, Communicative Disorders and Sciences
Ph. D., The Florida State University, 1993, Audiology and Speech-Language Pathology

Employment History

August 2002- present: Ben Blanco/BoRSF Endowed Professor in Communicative Disorders, University of Louisiana at Lafayette.
August 2006 – present: Professor, University of Louisiana at Lafayette, Department of Communicative Disorders.
December 2004 – present: Ph.D. Program Coordinator, Applied Language and Speech Sciences. University of Louisiana at Lafayette.
August 2001- August 2006: Associate Professor, University of Louisiana at Lafayette, Department of Communicative Disorders.
August 1998- May 2001: Assistant Professor, University of Louisiana at Lafayette, Department of Communicative Disorders.
August 1993- June 1998: Assistant Professor, Portland State University, Department of Speech-Language Pathology.
September 1989- May 1993: PhD Graduate Assistant, Florida State University, Department of Audiology and Speech-Language Pathology.
August 1986- August 1989: Clinical Coordinator, University of Central Florida, Department of Communicative Disorders.
September 1984- August 1986: Clinical Supervisor, University of Central Florida, Department of Communicative Disorders.
June 1983- August 1989: Private Practice, Speech-Language Pathology, Orlando, Florida.

August 1982- June 1983: Speech-Language Pathologist for Lake County school Board and Harry-Anna Crippled Children's Hospital, Eustis, Florida.

Research and Scholarship (Publications)

Books: Refereed Edited

1. Ratner, N.B. & Tetnowski, J.A. (2006). Stuttering Research and Practice. Mahwah, NJ: Lawrence Erlbaum.

Papers in refereed journals and contributions to refereed collections

2. Tetnowski, J.A., & Scaler Scott, K. (2009). Fluency and fluency disorders. In M.J. Ball, J.S. Damico, & N.M. Muller (Eds.). *The Handbook of Speech-Language Pathology*.
3. Lynch, K., Damico, J.S., Damico, H., Tetnowski, J.E., & Tetnowski, J.A. (2009). Reading skills in an individual with aphasia: The usefulness of meaning based clinical applications. *Asia Pacific Journal of Speech, Language and Hearing*, 12, 221-234.
4. Tetnowski, J.A. (2009). Cluttering in the communicative disorders curriculum. *Perspectives on Fluency and Fluency Disorders*, 19 (2), 52-57.
5. Tetnowski, J.A. (in press). Cluttering and concomitant disorders. *Proceedings of the First World Conference on Cluttering*. Katarino, Bulgaria.
6. Grossman, H., Scaler Scott, K., Trichon, M. & Tetnowski, J. A. (in press). Perceptual judgments of cluttering. *Proceedings of the First World Conference on Cluttering*. Katarino, Bulgaria.
7. Scaler Scott, K., Grossman, H. G. & Tetnowski, J. A.(in press). Diagnosis of a single case of cluttering according to four different criteria. *Proceedings of the First World Conference on Cluttering*. Katarino, Bulgaria.
8. Scaler Scott, K., Grossman, H. G., & Tetnowski, J. A.(in press). A survey of cluttering instruction in fluency courses. *Proceedings of the First World Conference on Cluttering*. Katarino, Bulgaria.
9. Scaler Scott, K., Tetnowski, J. A., Roussel, N. C. & Flaitz, J. F. (in press). Impact of a pausing treatment strategy upon the speech of a clutterer-stutterer. *Proceedings of the First World Conference on Cluttering*. Katarino, Bulgaria.
10. Damico, J.S., Wilson, B.T., Simmons-Mackie, N., & Tetnowski, J.A. (2008). Overall unintelligibility in aphasia: the impact of non-verbal interactive strategies. *Clinical Linguistics and Phonetics*, 22, 775-782.
11. Tetnowski, J.A., & Douglass, J.E. (2008). Stuttering and concomitant disorders: What to tell clients and their families. ISAD On-Line. Available:
12. Van Borsel, J. & Tetnowski, J.A. (2007). Stuttering in genetic syndromes. *Journal of Fluency Disorders*, 32, 4, 279-296.
13. Tetnowski, J.A. (2007). Coaching fluency diagnostics: Lessons learned at soccer camp. *Perspectives on Fluency and Fluency Disorders*, 17 (3), 15-19.

14. Tetnowski, J.A., Scaler Scott, K, Grossman, H.L., Abendroth, K.J., & Damico, J.S. (2007). Asperger syndrome and attention deficit disorder: Clinical disfluency analysis. Proceedings of the Fifth World Congress on Fluency and Fluency Disorders in Dublin, Ireland.
15. Trichon, M., Tetnowski, J.A., & Renschler, G. (2007). The effects of self-help group participation on stuttering (pp.171-176). Proceedings of the Fifth World Congress on Fluency and Fluency Disorders in Dublin, Ireland.
16. Renschler, G. & Tetnowski, J.A. (2007). Overcoming patient resistances in stuttering therapy. Proceedings of the Fifth World Congress on Fluency and Fluency Disorders in Dublin, Ireland.
17. Paul, R., Tetnowski, J.A., & Reuler, E. (2007). Communication sampling. In R. Paul and P. Canscella (Eds.), *Introduction to Clinical Methods in Communication Disorders* (2nd ed.). Baltimore: Paul H. Brooks.
18. Tetnowski, J.A. & Franklin, T.C. (2006). The error analysis level of transcription. In N. Muller (Ed.). *Multi-layered transcription*. San Diego: Plural Publishing.
19. Tetnowski, J.A. & Ratner, N.B. (2006). Stuttering treatment in the new millennium: Changes in the traditional parameters of clinical focus. In N.B. Ratner & J.A. Tetnowski (Eds.), *Stuttering Research and Practice*. Mahwah, NJ: Lawrence Erlbaum.
20. Dauer, K., Tetnowski, J.A., Roussel, N.C., & Ormiston, C.F. (2006). Moyamoya Disease and Stuttering: A Case Study. *Perspectives on Fluency and Fluency Disorders*, 16, 5-8.
21. Tetnowski, J.A. (2004). Attention deficit hyperactivity disorder and concomitant communicative disorders. *Seminars in Speech and Language*, 25, 215-224.
22. Damico, J.S., Tetnowski, J.A., & Nettleton, S.K. (2004). Emerging issues and trends in Attention Deficit Hyperactivity Disorder: An update for Speech-Language Pathologists. *Seminars in Speech and Language*, 25, 207-214.
23. Tetnowski, J.A., & Roussel, N.C. (2004). A "rebirth" in fluency disorders. *Perspectives in Fluency Disorders*, 14(1), 7-9.
24. Tetnowski, J.A., Damico, J.S., Bathel, J.A., & Franklin, T.C. (2004). Conversation analysis of children who stutter and parents who stutter. In A. Packman, A. Meltzer, & H.F.M. Peters (Eds.), *Theory, Research and Therapy in Fluency Disorders*, Proceedings of the Fourth World Congress on Fluency Disorders in Montreal Canada. Nijmegen University Press: Nijmegen, The Netherlands, 271-279.
25. Tetnowski, J.A., Damico, J.S., & Tetnowski, J.T. (2004). Stuttering therapy in the schools: Focus groups with school clinicians. In A. Packman, A. Meltzer, & H.F.M. Peters (Eds.), *Theory, Research and Therapy in Fluency Disorders*, Proceedings of the Fourth World Congress on Fluency Disorders in Montreal Canada. Nijmegen University Press: Nijmegen, The Netherlands, 546-550.
26. Tetnowski, J.A. (2004). Getting out of Procrustes' bed: The needs and benefits of qualitative research in stuttering. *Advances in Speech-Language Pathology*, 6, 153-158.
27. Tetnowski, J.A. & Franklin, T.C. (2003). Qualitative research: Implications for description and assessment. *American Journal of Speech-Language Pathology*, 12, 155-164.

28. Tetnowski, J.A. (2003). "Demystifying" our role as counselors with adults who stutter. *Perspectives in Fluency Disorders*, 13(2), 7-10.
29. Tetnowski, J.A., & Donaher, J. (2003). Disfluency associated with Tourette's Syndrome: Two case studies. ISAD On-Line. Available: <http://www.mnsu.edu/comdis/isad6/papers/tetnowski6.html>
30. Tetnowski, J.A. & Franklin, T.C. (2002). The clinical analysis layer of transcription. *Clinical Linguistics and Phonetics*, 15(5), 361-369.
31. Tetnowski, J.A., Latulas, M. & Bathel, J.A. (2002). Readiness for stuttering therapy through improved self-esteem. ISAD On-Line. Available: <http://www.mnsu.edu/comdis/isad5/papers/tetnowski5.html>
32. Tetnowski, J.A. (2001). Forward to D. Tanner, A guide to neurogenic communication disorders for speech-language pathologists. Needham Heights, N.J.: Allyn & Bacon.
33. Tetnowski, J.A., Damico, J.S., & Damico, H.L. (2001). Qualitative methods in stuttering: Describing postponement and avoidance behaviors. In H-G Bosshardt, J.S. Yaruss, & H.F.M. Peters (eds.). *Fluency Disorders: Theory, Research, Treatment and Self-Help: Proceedings of the Third World Congress of Fluency Disorders in Nyborg, Denmark*. Nijmegen University Press: Nijmegen, The Netherlands 219-223.
34. Paul, R., Tetnowski, J.A., & Reuler, E.M. (2001). Communication Sampling. In R. Paul (Ed.), *Clinical Methods in Communication Disorders* (pp. 111-157). Baltimore, MD: Paul H. Brookes Publishers.
35. Tetnowski, J.A., & Schagen, A.M. (2001). A comparison of listener and speaker perception of stuttering events. *Journal of Speech-Language Pathology and Audiology*, 25, 8-18.
36. Tetnowski, J.A. & Damico, J.S. (2001). A demonstration of the advantages of qualitative methodologies in stuttering research. *Journal of Fluency Disorders*, 26, 17-42.
37. Tetnowski, J.A., Damico, J.S., & Damico, H.L. (2000). Qualitative methods in stuttering: Describing postponement and avoidance behaviors. *Journal of Fluency Disorders*, 25, 221-221.
38. Damico, J.S., Oller, J.W., & Tetnowski, J.A. (1999). Investigating the inter-observer reliability of a direct observational language assessment technique. *Advances in Speech-Language Pathology*, 1, 78-94.
39. Tetnowski, J.A. (1998). Linguistic effects on dysfluent speech. In R. Paul (Vol. Ed.) *The Speech/Language Connection*. A Volume in the Communication and Language Intervention Series. Baltimore, MD: Paul H. Brookes Publishers.
40. Tetnowski, J.A., Baran, M., Martin, D.M. & Gelbard, N. (1997). A comparison of graduate student learning: Electronic versus traditional classroom learning. *The Faculty Focus*, 1, 8-9. [also On-line]. Available: <http://www.oaa.pdx.edu/CAE/facultyfocus/spring97/scholarship.html>.

Professional Presentations

1. Tetnowski, J.A., Douglass, J., & Damico, J.S. (2009). Stuttering variability in adaptation and consistency: A mixed methodology study. Paper presented at the

- Annual Conference of the American Speech-Language-Hearing Association, New Orleans, Louisiana.
2. Tetnowski, J.T., Damico, J.S., & Tetnowski, J.A. (2009). Same as it ever was: Informal electronic discourse in aphasia. Poster presentation at the Annual Conference of the American Speech-Language-Hearing Association, New Orleans, Louisiana.
3. Scaler Scott, K., & Tetnowski, J.A. (2009). Fluency in Asperger's, stuttering, and no diagnosis: Research and practice. Paper presented at the Annual Conference of the American Speech-Language-Hearing Association, New Orleans, Louisiana.
4. Trichon, M., & Tetnowski, J.A. (2009). Self-help conferences for people who stutter: A phenomenological study. Paper presented at the Annual Conference of the American Speech-Language-Hearing Association, New Orleans, Louisiana.
5. Damico, J.S., Damico, H.A, Tetnowski, J.T., Tetnowski, J.A., & Lynch, K. (2009). Strategies for meaning-based intervention in aphasia. Poster presentation at the Annual Conference of the American Speech-Language-Hearing Association, New Orleans, Louisiana.
6. Douglass, J. & Tetnowski, J.A. (2009). Covert stuttering: The hidden journey. Poster presentation at the Annual Conference of the American Speech-Language-Hearing Association, New Orleans, Louisiana.
7. Grossman, H. & Tetnowski, J.A. (2009). Effects of voluntary stuttering on stuttering frequency and secondary features. Paper presented at the Annual Conference of the American Speech-Language-Hearing Association, New Orleans, Louisiana.
8. Trichon, M., & Tetnowski, J.A. (2009). Self-help groups for stuttering: Preliminary findings. Paper presented at the sixth world congress on fluency disorders. Rio de Janeiro, Brazil.
9. Tetnowski, J.A., & Douglass, J.E. (2009). The impact of stuttering research on clinical decision-making. Paper presented at the Annual Conference of the Louisiana Speech-Language-Hearing Association, Lafayette, LA.
10. Tetnowski, J.T., Tetnowski, J.A., & Damico, J.S. (2009). Email Discourse with Aphasia: A vehicle for treatment towards life participation. Paper presented at the Annual Conference of the Louisiana Speech-Language-Hearing Association, Lafayette, LA.
11. Tetnowski, J.A., Nicolai, S., Rosenbaum, A. & Douglass, J.E. (2009). Stuttering for the 20-somethings: The needs of young adults and teens. Paper presented at the Annual Conference of the National Stuttering Association, Scottsdale, AZ.
12. Tetnowski, J.A., Drayna, D., Maguire, G., Sisskin, V., Moly, L., & Manning, W.H. (2009). The National Stuttering Association's First Annual Research Colloquium. Research panel at the Annual Conference of the National Stuttering Association, Scottsdale, AZ.
13. Klopfenstein, M. & Tetnowski, J.A. (2008). Prosody and perceived speech naturalness of nonstutterers and post-treatment stutterers. Paper presented at the Annual Conference of the American Speech-Language-Hearing Association, Chicago, IL.

14. Douglas, J. & Tetnowski, J.A. (2008). The implications of stuttering on the spouse of a person who stutters. Paper presented at the Annual Conference of the American Speech-Language-Hearing Association, Chicago, IL.
15. Damico, J.S., Nelson, R., Damico, H., Doody, P., Custis, N., Lynch, K., & Tetnowski, J.A. (2008). Fluency in reading: A component skill or an emergent dimension? Poster presentation at the Annual Conference of the American Speech-Language-Hearing Association, Chicago, IL.
16. Tetnowski, J.A. & Yaruss, J.S. (2008). Stuttering 101 for parents. Paper presented at the Annual Conference of the National Stuttering Association, Parsippany, NJ.
17. Douglas, J. & Tetnowski, J.A. (2008). An interactive presentation for spouses of people who stutter. Paper presented at the Annual Conference of the National Stuttering Association, Parsippany, NJ.
18. Donaher, J., Klein, J., Molt, L., Tetnowski, J.A., & Zebrowski, P. (2008). Current topics in stuttering. Paper presented at the Annual Conference of FRIENDS: The Association of Young People Who Stutter, New Orleans, LA. Paper presented at the Annual Conference of FRIENDS: the Association of Young People Who Stutter, New Orleans, LA.
19. Tetnowski, J.A. (2008). Stuttering 101 for parents and adults who stutter. Paper presented at the Annual Conference of FRIENDS: the Association of Young People Who Stutter, New Orleans, LA.
20. Whittington, D., Tetnowski, J.A., Douglas, J., Bearb, P., Brashier, L., Horne, M., & Landry, L. (2008). Developing successful outcomes in group therapy for people who stutter. Paper presented at the Annual Conference of the Louisiana Speech-Language-Hearing Association, Shreveport, LA.
21. Scaler Scott, K., Grossman, H., Tetnowski, J. A. (2007). Cluttering education in fluency courses: A survey of faculty. Poster presentation at the Annual Conference of the American Speech-Language-Hearing Association, Boston, MA.
22. Grossman, H., Scaler Scott, K., Trichon, M., Tetnowski, J. A. (2007). Influences of rate and disfluency on perceptions of cluttered speech. Poster presentation at the Annual Conference of the American Speech-Language-Hearing Association, Boston, MA.
23. Tetnowski, J. A., Scaler Scott, K., Damico, J. S. (2007). The "meaning response" as applied to stuttering therapy. Paper presented at the Annual Conference of the American Speech-Language-Hearing Association, Boston, MA.
24. Osborne, C., Tetnowski, J. A., Trichon, M., Steck, S. (2007). Narrative study of an adult who stutters: Eighteen years post-management. Paper presented at the Annual Conference of the American Speech-Language-Hearing Association, Boston, MA.
25. Grossman, H., Tetnowski, J. A. (2007). Effects of voluntary stuttering: A mixed methods investigation. Paper presented at the Annual Conference of the American Speech-Language-Hearing Association, Boston, MA.
26. Trichon, M., Tetnowski, J. A. (2007). Effects of self-help groups on self-perceptions of stuttering. Poster presentation at the Annual Conference of the American Speech-Language-Hearing Association, Boston, MA.

27. Tetnowski, J.A., & Johnson, D. (2007). The client-clinician connection: Optimizing success in stuttering therapy. Paper presented at the Annual Conference of the National Stuttering Association, Atlanta Georgia.
28. Tetnowski, J.A., Adams, C. & Trichon, M. (2007). Planning for family days. Paper presented at the Annual Conference of the National Stuttering Association, Atlanta Georgia.
29. Reardon-Reeves, N. & Tetnowski, J.A. (2007). Ask the experts: panel discussion for parents of children who stutter. Paper presented at the Annual Conference of the National Stuttering Association, Atlanta Georgia.
30. Tetnowski, J.A. (2007). Cluttering and concomitant disorders. Paper presented at the First World Conference on Cluttering, Katarino, Bulgaria.
31. Grossman, H.L., Scaler Scott, K., Trichon, M. & Tetnowski, J.A. (2007). Perceptual judgments and thresholds of cluttering. Paper presented at the First World Conference on Cluttering, Katarino, Bulgaria.
32. Scaler Scott, K., Tetnowski, J.A. & Grossman, H.G. (2007). Academic training in cluttering. Paper presented at the First World Conference on Cluttering, Katarino, Bulgaria.
33. Scaler Scott, K., Grossman, H. G. & Tetnowski, J. A.(2007). Diagnosis of a single case of cluttering according to four different criteria. A poster presentation at the First World Congress on Cluttering, Katarino, Bulgaria.
34. Scaler Scott, K., Grossman, H., & Tetnowski, J.A. A Survey of Cluttering Instruction in Fluency Courses: Preliminary Results (2007). A poster presentation at the First World Congress on Cluttering, Katarino, Bulgaria.
35. Scaler Scott, K., Tetnowski, J. A., Roussel, N. C. & Flaitz, J. F. (2007). Impact of a pausing treatment strategy upon the speech of a clutterer-stutterer. A poster presentation at the First World Congress on Cluttering, Katarino, Bulgaria.
36. Tetnowski, J.A., Damico, J.S., Spencer, E., Scaler Scott, K., & Healey, E.C. (2006). Alternative Approaches to Examining Stuttering. Paper presented at the Annual Conference of the American Speech-Language-Hearing Association, Miami, Florida.
37. Scaler Scott, K. & Tetnowski, J.A. (2006). Analysis of physical correlates of speech in Cluttering: A case study. Paper presented at the Annual Conference of the American Speech-Language-Hearing Association, Miami, Florida.
38. Nelson, R, Damico, J.S., Tetnowski, J.A., & Smith, S. (2006). Reading and stuttering eye movements: A child with Dandy-Walker Syndrome. Poster session presented at the Annual Conference of the American Speech-Language-Hearing Association, Miami, Florida.
39. Damico, J.S., Wilson, B., Kardosh, B, Oelschlaeger, M, & Tetnowski, J.A. (2006). Re-establishing spousal communication after aphasia: A data-based study. Poster session presented at the Annual Conference of the American Speech-Language-Hearing Association, Miami, Florida.
40. Trichon, M. & Tetnowski, J.A. (2006). Perspectives of self-help groups from self-help leaders. Poster session presented at the Annual Conference of the American Speech-Language-Hearing Association, Miami, Florida.
41. Tetnowski, J.A., Scaler Scott, K, Grossman, H.L., Abendroth, K.J., & Damico, J.S. (2006). Fluency and communication breakdowns in Asperger Syndrome: In-

- depth analysis. . Paper presented at the Annual Conference of the American Speech-Language-Hearing Association, Miami, Florida.
42. Wilson, B., Damico, J.S., & Tetnowski, J.A. (2006). Gestural behaviors as collaborative strategies to overcome unintelligibility. Poster session presented at the Annual Conference of the American Speech-Language-Hearing Association, Miami, Florida.
43. Tetnowski, J.A., Scaler Scott, K, Grossman, H.L., Abendroth, K.J., & Damico, J.S. (2006). Asperger syndrome and attention deficit disorder: Clinical disfluency analysis. Paper presented at the Fifth World Congress on Fluency and Fluency Disorders in Dublin, Ireland.
44. Trichon, M., Tetnowski, J.A., & Rentschler, G. (2006). The effects of self-help group participation on stuttering. Paper presented at the Fifth World Congress on Fluency and Fluency Disorders in Dublin, Ireland.
45. Rentschler, G. & Tetnowski, J.A. (2006). Overcoming patient resistances in stuttering therapy. Paper presented at the Fifth World Congress on Fluency and Fluency Disorders in Dublin, Ireland.
46. Osborne, C. & Tetnowski, J.A. (2006). Longitudinal data regarding stuttering management effectiveness using parent report: An update. Paper presented at the SID-4 Leadership Conference, San Antonio, TX.
47. Tetnowski, J.A., & Trichon, M. (2006). Client expressed goals as a predictor of success in stuttering therapy. Paper presented at the annual conference of the National Stuttering Association, Long Beach, CA.
48. Amster, B.J., Bosshardt, H.G., Brundage, S.B., Humphrey, B., Kroll, R., Kuster, J.,.....Tetnowski, J.A., & Williams, D.F. (2006). Office hours: The professor is in. On-line forum for the International Stuttering Awareness Day On-Line Conference, October 1-22, 2006.
49. Osborne, C. & Tetnowski, J.A. (2005) Longitudinal data regarding stuttering management effectiveness using parent report. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, San Diego, CA.
50. Dauer, K., Tetnowski, J.A. & Roussel, N. (2005) Moya-Moya disease and stuttering: a case study. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, San Diego, CA.
51. Trichon, M. & Tetnowski, J.A. (2005) The effects of self-help group participation on stuttering therapy. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, San Diego, CA.
52. Tetnowski, J.A., Damico, J., Osborne, C. & Kardosh, B. (2005) Conversational coaching with persons who stutter. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, San Diego, CA.
53. Damico, J., Damico, H., Tetnowski, J.A., & Williams, S. (2005) Investigating literacy problems at home and at school: a qualitative study. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, San Diego, CA.
54. Tetnowski, J.A. (2005). Stuttering intervention: From Diagnosis to dismissal. Workshop presented to the New Mexico Speech-Language and Hearing Association, Albuquerque, New Mexico.

55. Tetnowski, J.A. (2005). Assessing stuttering and planning therapy. Paper presented at the annual meeting of the National Stuttering Association, Chicago, IL.
56. Shenker, R., Guitar, B., Tetnowski, J.A., Whipple, K., Caviness, C., Williams, A.Z., & Blair, K. (2004). Paper presented at the annual meeting of the American Speech-Language-Hearing Association, Philadelphia, PA.
57. Roussel, N.C., Tetnowski, J.A., Ball, M.J., & Damico, J.S. (2004). Substituting a capstone course for master's comprehensives: A pedagogical innovation. Poster session presented at the annual meeting of the American Speech-Language-Hearing Association, Philadelphia, PA.
58. Tetnowski, J.A. & Osborne, C.A. (2004). Therapeutic success for the "atypical" child who stutters. Poster session presented at the annual meeting of the American Speech-Language-Hearing Association, Philadelphia, PA.
59. Damico, J.S., Simmons-Mackie, N., Damico, H.A., & Tetnowski, J.A. (2004) A case study of successful meaning-based literacy intervention in aphasia. Poster session presented at the annual meeting of the American Speech-Language-Hearing Association, Philadelphia, PA.
60. Roussel, N.C., Tetnowski, J.A., & Lobdell, M. (2004). Using SPI to indicate degree of vocal fold adduction. Poster session presented at the annual meeting of the American Speech-Language-Hearing Association, Philadelphia, PA.
61. Tetnowski, J.A. et al. (2004). The researcher is in. Panel discussion for the International Stuttering Awareness Day On-Line Conference, October 1-24, 2004.
62. Tetnowski, J.A. et al. (2004). The professor is in. Panel discussion for the International Stuttering Awareness Day On-Line Conference, October 1-24, 2004.
63. Tetnowski, J.A., Damico, J.S. & Tetnowski, J.T. (2004). Qualitative analysis of reading miscues in people who stutter. Paper presented at meeting of the International Clinical Phonetics and Linguistics Association, Lafayette, LA.
64. Tetnowski, J.A. & Susca, M. (2004). Multidimensional evaluations for people who stutter. Paper presented at the SID-4 Leadership Conference, Portland, OR.
65. Tetnowski, J.A., Whittington, D., & Willimas, A.Z. (2004). The Lidcombe Program: Clinical notes from a non-believer. Paper presented at the SID-4 Leadership Conference, Portland, OR.
66. Tetnowski, J.A., Latulas, M., Thomas, A., & Thomas, J. (2004). What do you do when you're done with therapy?: Maintaining fluency skills. Paper presented at the annual meeting of the National Stuttering Association, Baltimore, MD.
67. Riordan, N. & Tetnowski, J.A. (2004). Activities for children who stutter. Paper presented at the annual meeting of the National Stuttering Association, Baltimore, MD.
68. Damico, J.S., Tetnowski, J.A., & Simmons-Mackie, N. (2004). Meaning-based literacy intervention in aphasia. A paper presented at the 11th International Rehabilitation Conference, Milos, Greece.
69. Tetnowski, J.A., Kaufman, E., & Whittington, D. (2004). Stuttering therapy across the ages. Paper presented at the annual conference of the Louisiana Speech-Language and Hearing Association, Lafayette, LA.

70. Tetnowski, J.A., Bathel, J.A., Tetnowski, J.T., & Damico, J.S. (2003). Planning therapy for difficult fluency cases. Paper presented at the annual conference of the Louisiana Speech-Language and Hearing Association, New Orleans, LA.
71. Tetnowski, J.A. & Latulas, M. (2003). Getting ready for therapy: Self-esteem and "coachability". Paper presented at the annual meeting of the National Stuttering Association, Nashville, TN.
72. Tetnowski, J.A., Damico, J.S., & Tetnowski, J.T. (2003). Stuttering therapy in the schools: Focus groups with school clinicians. Paper presented at the Fourth World Congress on Fluency Disorders. Montreal, Quebec, Canada.
73. Tetnowski, J.A., Damico, J.S., Bathel, J.A., & Franklin, T.C. (2003). Conversation analysis of children who stutter and parents who stutter. Paper presented at the Fourth World Congress on Fluency Disorders. Montreal, Quebec, Canada.
74. Tetnowski, J.A., Osborne, C.O, Tetnowski, J.T., & Bathel, J.A. (2002). Difficult Fluency Cases: Differential Diagnosis & Effective Therapy Planning. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, Atlanta, GA.
75. Damico, J.S., Tetnowski, J.A., Tetnowski, J.T. (2002). Using journal narratives during TBI intervention. Poster presented at the annual meeting of the American Speech-Language-Hearing Association, Atlanta, GA.
76. Tetnowski, J.A., Bathel, J.A., Damico, J.S., & Tetnowski, J.T. (2002). Qualitative study of interaction between two PWS: Father & Daughter. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, Atlanta, GA.
77. Tetnowski, J.A., Roussel, N.C., & Whittington, D.B. (2002). Fluency treatment in Tourette Syndrome: A case study. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, Atlanta, GA.
78. Trautman, L.S., Hall, N.E., Donaher, J., Gottwald, S.R., Quesal, R.W., Reardon, N.A., Reville, J., Sisskin, V., & Tetnowski, J.A. (2002). Office Hours 2002. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, Atlanta, GA.
79. Hood, S.B., Kuster, J.M., Mallard, R., Manning, W.H., Molt, L., Quesal, R.W., Ratner, N.B., Ramig, P.R., Shields, L., St. Louis, K.O., Tetnowski, J.A., Williams, D.F., & Yaruss, J.S. (2002). Office hours: The professor is in. ISAD on-line conference.
80. Damico, J.S., Tetnowski, J.A., Damico, H.L., & Tetnowski, J. (2002). Journals as an intervention strategy in traumatic head injury. Paper presented at the 10th International Aphasia Rehabilitation Conference, Brisbane, Australia.
81. Manning, W. & Tetnowski, J.A. (2002). Special topics in stuttering for teen's parents. Paper presented at the annual meeting of the National Stuttering Association, Anaheim, CA.
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87. Muller, N., Tetnowski, J.A., & Roussel, N.C. (2001). Louisiana voices: A survey of voice use and abuse in higher education. Poster session presented at the annual meeting of the International Association of Logopedics and Phoniatrics, Montreal, Quebec, Canada.
88. Tetnowski, J.A., & Damico, J.S. (2000). A brief demonstration of qualitative methodologies in stuttering research. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, Washington, DC.
89. Muller, N., Damico, J.S., Tetnowski, J.A., Ball, M.J., Guendouzi, J.A. (2000). Multi-level clinical transcriptions: Toolkits for holistic assessment. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, Washington, DC.
90. Damico, J.S., & Tetnowski, J.A. (2000). Conversational strategies in dysfluency. Paper presented at the 7th Annual Roundtable on Qualitative Research. Providence, RI.
91. Tetnowski, J.A., Damico, J.S., & Damico, H.L. (2000). Qualitative methods in stuttering: Describing postponement and avoidance behaviors. Paper presented at the 3rd World Congress on Fluency Disorders. Nyborg, Denmark.
92. Damico, J.S., Simmons-Mackie, N.N., Oelschalger, M., & Tetnowski, J.A. (2000). An investigation of therapeutic control in aphasia therapy. Paper presented at the Clinical Aphasiology Conference. Kona, HI.
93. Tetnowski, J.A., & Damico, J.S., & McAllister, P. (1999). Qualitative methods in stuttering research: Conversation analysis. Paper presented at the annual meeting of the American Speech-Language-Hearing Association, San Francisco, CA.
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95. Tetnowski, J.A., (1999). Transfer and carryover in stuttering therapy: Making the final step. Paper presented at the annual meeting of the Louisiana Speech-Language-Hearing Association, Lafayette, Louisiana.

96. Tetnowski, J.A., & Schagen, A.J. (1998). Listener versus speaker perceptions of stuttered speech. Paper presented at the annual meeting of the American Speech-Language-Hearing Association Conference, San Antonio, TX.
97. Wakem, J., & Tetnowski, J.A. (1998). Computer assisted versus traditional classroom learning for a stuttering identification task. Paper presented at the annual meeting of the Oregon Speech-Language and Hearing Association Conference, Eugene, Oregon.
98. Price, R., & Tetnowski, J.A. (1998). Use of a diestema to correct /s/ production in an adult. Paper presented at the annual meeting of the Oregon Speech-Language and Hearing Association Conference, Eugene, Oregon.
99. Tetnowski, J.A., Roberts, H., Rau, M.T. & Letcher-Glembo, L. (1997). Acoustic measures of voice and listener acceptance of tracheoesophageal speech. Paper presented at the annual meeting of the American Speech-Language-Hearing Association Conference, Boston, MA.
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101. Tetnowski, J.A. & Creswell (1997). A comparison of musical abilities in stutterers and nonstutterers. Paper presented at the annual meeting of the American Speech-Language-Hearing Association Conference, Boston, MA.
102. Martin, D.R. & Tetnowski, J.A. (1997). Computer-Based Distance Technology In Audiology Education. Paper presented at the annual meeting of the American Speech-Language-Hearing Association Conference, Boston, MA.
103. Calcagno, J.G., Letcher-Glembo, L. & Tetnowski, J.A. (1997). A survey of dysphagia symptoms associated with the premennstual cycle. Paper presented at the annual meeting of the American Speech-Language-Hearing Association Conference, Boston, MA.
104. Tetnowski, J.A., Martin, D.M. & Osborne, C.O. (1996). Hypermedia training of student in a stuttering identification task. Paper presented at the American Speech-Language-Hearing Association Annual Convention, Seattle, WA.
105. Jenkins, R.A. & Tetnowski, J.A. (1996). The effects of vocal fatigue on actresses and nonactresses. Poster session presented at the American Speech-Language-Hearing Association Annual Convention, Seattle, WA.
106. Tetnowski, J.A., Baran, M. & Riffel, B.J. (1996). Technology demonstration of the association's homepage. Presentation at the Oregon Speech, Language and Hearing Association Annual Convention, Portland, OR.
107. Tetnowski, J.A., Withers, M.T. & Peterson, J.D. (1995). The application of stuttering research to treatment. Paper presented at the Oregon Speech, Language and Hearing Association Annual Convention, Bend, OR.
108. Tetnowski, J.A., Ham, R.E. & Walker V.G. (1994). Variables associated with unit-by-unit identification of stuttering. Paper presented at the American Speech-Language-Hearing Association Annual Convention, New Orleans, LA.

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110. Tetnowski, J.A. & Walker V.G. (1992). Variables associated with phonetic transcription skills. Paper presented at the American Speech-Language-Hearing Association Annual Convention, San Antonio, TX.
111. Tetnowski, J.A. & Rowlee, C. (1992). Group therapy and carryover procedures for adolescent and adult stutterers. Paper presented at the Florida Language, Speech and Hearing Association Annual Convention, Tarpon Springs, FL.
112. Tetnowski, J.A. & Jumonville, L.C. (1992). Comparison of three language assessment tools for the birth to three population. Paper presented at the Florida Language, Speech and Hearing Association Annual Convention, Tarpon Springs, FL.
113. Tetnowski, J.A. & Morris, R. (1991). Characteristics of words preceding and following a stuttering spasm: Initial findings. Paper presented at the American Speech-Language-Hearing Association Annual Convention, Atlanta, GA.
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115. Tetnowski, J.A., Walker, V.G. & Payne, J.A. (1991). Variables associated with phonetic learning skills. Paper presented at the Florida Language, Speech and Hearing Association Annual Convention, St. Petersburg, FL.
116. Tetnowski, J.A. (1991). Comparisons of subjective and objective measures of stuttering. Poster presented at the Florida Language, Speech and Hearing Association Annual Convention, St. Petersburg, FL.
117. Tetnowski, J.A. and Ham R.E. (1990). The stuttering evaluation: What are we measuring? Paper presented at the Florida Language, Speech and Hearing Association Annual Convention, Miami, FL.
118. Hedrick, D.L., Osborne, C.A., Tetnowski, J.A., Steck, S. & Musson, N.D. (1989). Efficacy of stuttering treatment. Paper presented at the American Speech-Language-Hearing Association Annual Convention, St. Louis, MO.
119. Hedrick, D.L., Tetnowski, J.A., Osborne, C.A. & Musson, N.D. (1987). An update on the cognitive linguistic approach to the management of stuttering. Paper presented at the Florida Language, Speech and Hearing Association Annual Convention, Tampa, FL.
120. Tetnowski, J.A. & Ratusnik, D.L. (1987). Listener judgement of hasbro company toy robot. Paper presented at the Florida Language, Speech and Hearing Association Annual Convention, Tampa, FL.
121. Hedrick, D.L., Tetnowski, J.A., Osborne, C.A. & Musson, N.D. (1986). A cognitive linguistic approach to the management of stuttering in young adults. Paper presented at the Florida Language, Speech and Hearing Association Annual Convention, Jacksonville, FL.
122. Tetnowski, J.A. (1983). An elicited pragmatic assessment procedure for young or delayed children. Paper presented at the Florida Language, Speech and Hearing Association Annual Convention, Orlando, FL.

Editorial and Mentoring Activities

Editor

Perspectives in Fluency Disorders, (ASHA; 2004-2006)

Co-Editor: Special Series in the International Journal of Language and Communicative Disorders, Vol. 41, (4), July/August 2006.

Associate Editor

Perspectives in Fluency Disorders, (ASHA; 2002- 2004)

Manuscript Reviewer

Journal of Fluency Disorders

Journal of Speech-Language-Hearing Research

American Journal of Speech-Language Pathology

Language, Speech, and Hearing Services in Schools

International Journal of Language and Communication Disorders

Journal of Multilingual Communication Disorders

Clinical Linguistics and Phonetics

Journal of Speech-Language Pathology and Audiology

Perspectives in Fluency Disorders

Proceedings of the Fourth World Congress on Fluency Disorders

Dissertation Director

Kathleen Scaler Scott (in process-expected completion, Spring 2008). *A comparison and description of fluency disorders in Asperger Syndrome, stuttering, and normal children.* University of Louisiana at Lafayette. *Applied Language and Speech Sciences.*

Heather Grossman (in process-expected completion, Spring 2008). *The effects of voluntary stuttering on the speech of people who stutter: A mixed-methods design.* University of Louisiana at Lafayette. *Applied Language and Speech Sciences.*

Mitch Trichon (in progress-expected completion, Spring/Summer 2008). *The effects of attending a self-help group and a national conference for stuttering.* University of Louisiana at Lafayette. *Applied Language and Speech Sciences.*

Stephen D. Oller (2005). *A Pragmatic Assessment of Intelligibility and Comprehensibility.* University of Louisiana at Lafayette. *Applied Language and Speech Sciences.*

Linda L. Bryan (2004). *Writing Changes and Related Influences as Revealed Through Dialogue Journal Analyses.* University of Louisiana at Lafayette (Co-directed with J.S. Damico). *Applied Language and Speech Sciences.*

Master's Thesis Director

23 master's theses directed at Portland State University. Names and titles listed upon request.

Clinical service delivery and certifications

Certificate of Clinical Competence (ASHA)
Board Recognized Fluency Specialist (1998-present)
Board Recognized Fluency Mentor (2000-present)
Award for Continuing Education (ACE) (ASHA) (1999, 2003)

Special Awards and Honors

DiCarlo Nominee for Outstanding Clinical Contributions, State of Louisiana (2008).
Outstanding Speech-Language Pathologist of the Year. National Stuttering Association, 2006.
Outstanding Use of Technology in Teaching Award, Portland State University, 1998.
DOMI, 2000-2009.

Clinical supervision

Provide clinical supervision in assessment and treatment of fluency-disordered clients at the University of Louisiana at Lafayette (1998- present)

Service (community, university, and clinical/professional)

A. University

1. Coordinator, PhD program in Applied Language and Speech Sciences, University of Louisiana at Lafayette (2004-2009).
2. Member, Graduate Council, University of Louisiana at Lafayette (2006-2009).
3. Chair, Committee on Graduate Faculty, University of Louisiana at Lafayette (2006-2009).
4. Chair, College of Liberal Arts, Peer-review Committee for Graduate Faculty Status, University of Louisiana at Lafayette (2004-2007).
5. Member, Clinic Committee, Department of Communicative Disorders, University of Louisiana at Lafayette (2001-2006).
6. Member, Curriculum Committee, Department of Communicative Disorders, University of Louisiana at Lafayette (2004-2007).
7. Member, Executive Committee, Department of Communicative Disorders, University of Louisiana at Lafayette (2002-2004).
8. Chair, Search Committees for Clinical Director, University of Louisiana at Lafayette, Department of Communicative Disorders (2000, 2003).
9. Chair, Search Committees for Clinical Supervisor, University of Louisiana at Lafayette, Department of Communicative Disorders (2001, 2003).

B. Professional

1. Program Chair for Speech and Language, Louisiana Speech-Language-Hearing Annual Convention.
2. Member and active participant in ASHA's Special Interest Division of Fluency and Fluency Disorders (SID-4).
3. Charter Member of the International Fluency Association.
4. Member, National Stuttering Association.
5. Member, International Cluttering Association.
6. Member, Advisory Board for the College of Communication, Florida State University.
7. Board recognized fluency specialist.
8. Board recognized fluency mentor.
9. Program Committee, Annual Conference of the American Speech-Language-Hearing Association, (2000, 2001, 2006)
10. Provided numerous workshops on treating and diagnosing stuttering in the schools for Lafayette Parish Schools, St. Landry Parish Schools, Eagle County, Colorado Public Schools, Columbia, S.C. Regional School Districts.

C. Community

1. Founder of the Lafayette Chapter of the National Stuttering Association.
2. Member, Search Committee for Headmaster (Episcopal School of Acadiana).
3. Member, Diversity Committee (Episcopal School of Acadiana).
4. Reader, Book-Nook Project (reading to pre-school children).
5. Member, Trinity Bible Church (active participant in couples ministry, small group ministry, Sunday School Teacher).
6. Fund Raising Committee (Episcopal School of Acadiana).
7. Youth Soccer Coach (Lafayette Youth Soccer Association).

Courses taught or teaching

CODI 611 Seminar on Experimental Research Design in Communicative Disorders, PhD
CODI 611 Seminar in Counseling, PhD
CODI 611 Seminar in Advanced Fluency Disorders, PhD
CODI 611 Seminar in Cluttering, PhD
CODI 611 Seminar in Digital Measurement of Speech, PhD
CODI 598 Emotional Issues in Stuttering, PhD
CODI 598 Advanced Treatment of Fluency Disorders, PhD
CODI 598 Theories of Fluency Disorders, PhD
CODI 590 Seminar in Advanced Diagnostics, MA
CODI 595 Capstone Seminar (Comprehensive Examination), MA
CODI 540 Disorders of Fluency, MA
CODI 524 Advanced Speech Science, MA
CODI 510 Clinical Practicum, MA
CODI 500 Introduction to Research and Diagnosis, MA
CODI 441 Fluency and Voice, BS
CODI 384 Language Development, BS

CODI 219 Anatomy and Physiology of the Speech and Hearing Mechanism, BS

EXHIBIT 15

John A. Tetnowski, Ph.D., CCC-SLP, BRS/M-FD
Speech-Language Pathologist; Fluency Specialist
218 Acacia Drive
Lafayette, LA 70508

Name: Aaron Hartman
Address: 30 Great Oak Rd.
Date of Birth: 04/06/82

File #: 12:09:01
St. James, NY 11780-1423
Date of Assessment: 12/07/09

Age at the time of this assessment: 27

Background and History:

Aaron Hartman, a 27 year old male attending medical school at S.U.N.Y. at Stony Brook, came to this evaluation seeking a second opinion in regards to his ability to communicate while taking the Clinical Skills (CS) portion of the United States Medical Licensing Examination (USMLE), Step 2 test. Although Aaron has been evaluated in the past and has received significant speech therapy, he stated that he wanted a second opinion from a board recognized specialist in the field of stuttering.

A case history revealed that Aaron has stuttered from the time he was very young (around the age of 5). According to client reports, his early childhood was unremarkable outside of stuttering. His family history is positive for stuttering in that a paternal grandfather was known to stutter. Aaron reports that his father occasionally stutters as well. There is no history of neurological or severe emotional trauma as a precursor to stuttering onset. Aaron reports that he has received at least 15 years of speech therapy prior to this evaluation. He is currently attending speech therapy once per week at the Suffolk Center for Myofunctional Therapy and Speech Rehabilitation.

Socially and academically, it appears as if Aaron is doing well. He reports having several close friends and is involved in a relationship of about 3 months. Based upon Aaron's acceptance into medical school and his reported relationships, he appears to be functioning well in both academic and social settings.

A case history and interview revealed that Aaron shows several markers indicative of chronic stuttering. According to guidelines established by Yairi (2005), Aaron's background includes the following factors that are positive indicators of chronic stuttering: 1) male, 2) positive family history of stuttering, 3) little decrease in stuttering over many years. Entering the evaluation period, it was established that stuttering behaviors were intact. The main goal of this evaluation was to establish likelihood of being able to communicate successfully in a clinical testing scenario required for physicians.

Evaluation:

Aaron entered the evaluation session quite easily. He conversed readily with the evaluator, although communication was difficult to the high frequency of stuttering and the severe nature of his stuttering. While introducing himself and completing preliminary paperwork, Aaron's stuttering was on almost every word and many episodes of stuttering lasted over 2 minutes. Although the majority of the evaluation took place in a private office, this evaluation is also based upon several out-of-office activities including

telephone conversation, dialogue in public places, such as a restaurant, and conversation with an adult female previously unknown to Aaron. Although Aaron attempted to communicate in each of these settings, it was very apparent that he is greatly handicapped by his stuttering. His speech is marked by long blocks (attempts to talk where the articulators do not move and sound or words are not produced). Many of these blocks last for considerable periods of time (many over one minute in duration and some over two minutes in duration).

Following these initial observations, it was determined that a complete assessment of speech and communication skills was necessary and appropriate. The method of data collection included the analysis of Aaron's communication under many different levels of linguistic and environmental complexity. From each of these samples, a percentage of stuttering syllables (%SS) was calculated. This measure includes only those nonfluencies that are considered to be stuttering like disfluencies (SLD) and include *part word repetitions* (PWR) (d-d-d-dog), *single syllable word repetitions* (SSWR) (by-by-by-by-by the window), *prolongations* (pro) (wwwwwwwwwag), and *blocks* (Bl) (.....[silent pause with tension] tail). SLD levels over 3% are indicative of stuttering (Yairi & Ambrose, 1999). These are differentiated from all other "nonstuttered" disfluencies. These include *interjections* (the dog with...you know...the wagging tail), *revisions* (how much is that doggie in the win-store), *multisyllable word repetitions* (the one with the wagging-wagging-wagging tail), and *phrase repetitions* (How much-how much-how much is that doggie in the window). In addition, a percentage of postponement and avoidance behaviors (%P-A) is calculated for each task. These are behaviors that often indicate perceived fear by an individual and are recognized as behaviors that an individual will use to avoid having to say a sound or word, avoid having to enter a speaking situation, or to get postpone temporarily using a particular utterance. These are indicative of stuttering awareness and fear of the stuttering behavior. Finally, the duration of stuttering events and a brief description of the stuttering are described for each task. The duration of the stuttering is reported as an average as well as the longest stuttering duration. These behaviors were collected as baseline levels of speaking behaviors. After the speaking samples were gathered, several fluency induction techniques were attempted to make comparisons of modified speech to baseline measures. This served as an estimate of predicting which methods worked best at reducing stuttering behaviors for this individual.

In addition to the overt stuttering behaviors, several measures of assessing attitudes and feelings about stuttering were administered. This included ethnographic interview (Westby, 1990), as well as a self-assessment profile, the Overall Assessment of the Speaker's Experience of Stuttering (OASES) (Yaruss and Quesal, 2007). These will be reported in the following section labeled as "Evaluation of attitudes and feelings related to stuttering". Finally, several fluency enhancing techniques were implemented to measure the amount that stuttering could be reduced under optimal conditions. These fluency induction strategies were implemented to explore their impact on communication ability, as well as to assess potential therapeutic impact.

Evaluation of speaking behaviors:

The results of these measures are summarized in the table below:

<u>TASK</u>	<u>%SS</u>	<u>%P-A</u>	<u>Type</u>	<u>Duration</u>
1 syllable word repetition	70%	0%	Bl	Mean = 3.5 sec. Longest = 8 sec.
1 syllable word naming	60%	0%	PWR, Bl	Mean = 8 sec. Longest = 27 sec.
1 syllable word reading	70%	0%	PWR, Bl	Mean = 4 sec. Longest = 6 sec.
Multi-syllable word repetition	43%	0%	PWR, Bl	Mean = 5 sec. Longest = 15 sec.
Multi-syllable word naming	50%	0%	PWR, Bl	Mean = 8.5 sec. Longest = 20 sec.
Multi-syllable word reading	41%	0%	PWR, Bl	Mean = 3.5 sec. Longest = 6 sec.
Phrase repetition	44%	0%	PWR,Bl	Mean = 4.5 sec. Longest = 12 sec.
Sentence reading	55%	0%	PWR, Bl	Mean = 3 sec. Longest = 6 sec.
Sentence formulation	52%	0%	PWR, Bl	Mean = 5 sec. Longest = 14 sec.
Reading a short paragraph	26%	0%	PWR, Bl	Mean = 5 sec. Longest = 20 sec.
Dialogue with examiner (1 minute samples)	34%	0%	PWR, Bl	Mean = 5 sec. Longest = 21 sec.
Monologue with clinician	28%	0%	Prol, Bl, PWR, PhRep, Restart/rephrase, Substitution	Mean = 5 sec. Longest = 13 sec.

In addition to the measures given above, two other observations were made. The first observation had to do with secondary or associated behaviors. These are behaviors that accompany stuttering. Aaron displayed only minimal secondary behaviors including eye blinking, breaking eye contact, and occasionally displayed some laryngeal sounds, most likely related to excessive tension. In addition, measures of speech naturalness were used for both a reading and a dialogue task. This procedure was standardized by Martin, Haroldson and Triden (1984) and is regularly used as a reliable measure of speech naturalness. This 9-point equal-appearing interval scale ranges from a score of 1 which is “highly natural” to a score of 9 which is “highly unnatural”. Aaron’s speech was rated as a 9 on the naturalness scale during a reading task, and 9 on the naturalness scale during a dialogue with the examiner. In both cases, the unnatural scores were given due to the excessive amount of stuttering and the severity (length) of the stuttering moments. During the reading task, it took Aaron over 6 minutes to complete a 222 syllable passage. During an “in-office” conversation task, Aaron’s speech was marked by excessive stuttering episodes, many lasting significantly longer than 10 seconds. For comparative purposes, normative rates of speaking rate will be noted later in this report.

In addition to these “in-office” tasks, several “out-of-office” tasks were completed. These were not recorded for privacy of other individuals present. However, field notes indicate that when speaking to an “unknown individual”, “speaking in a restaurant”, and speaking on a telephone, stuttering remained at approximately the same frequency as “in-office” tasks, but that stuttering episodes were marked by even longer durations (as measured by a wristwatch). On several occasions, Aaron’s stuttering lasted over 2 minutes per stuttering event. During these times, he continued to attempt to speak, however, verbalization did not occur.

An analysis of the above table indicates that there is significant stuttering across all tasks. Stuttering ranges between 26% and 70% and consists of part-word repetitions (PWR) and Blocks (Bl). These stuttering behaviors last from fleeting moments to over 20 seconds during “in-office” tasks and over 2 minutes in “out-of-office tasks”. There are limited secondary behaviors that are limited to eye blinks, breaking of eye contact, and some laryngeal noises. Aaron did not appear to use any postponement or avoidance behaviors. That is, he did not avoid words or substitute words. He continued in his attempts to say the words that he planned to say and did not appear to avoid saying a particular word. It appears as if this lack of avoidance and minimal amount of secondary behaviors are an artifact of previous therapy. It would be expected that Aaron would show more visible and/or audible signs of struggle while stuttering so severely. In my clinical experiences, individuals that stutter as severely as Aaron typically show significant signs of struggle (also noted in Guitar, 2005). Since avoidance and secondary behaviors are learned behaviors, it is reasonable to assume that they can be unlearned as a result of therapy. In the case of Aaron, this lack of visible or audible secondary behaviors could easily give the impression to someone unfamiliar with stuttering that he is not stuttering as severely.

Following a variety of speaking situations, Aaron was trained to use various different fluency induction tasks. That is, Aaron was taught to use various speaking techniques that would be expected to reduce or eliminate stuttering. Specifically, Aaron was trained to use easy onset (reduced tension at the beginning of each utterance), prolonged speech (prolonging each syllable for slightly longer than normal duration; this in turn decreases speaking rate), and continuous phonation (speaking without prolonged pauses). In addition, Aaron attempted to speak while using delayed auditory feedback (DAF), frequency altered feedback (FAF), and combinations of the two. In addition, choral speech was attempted where the examiner and Aaron read the same passage together. These techniques were attempted in speaking situations where Aaron had previously produced significant stuttering. The continuous phonation technique was added to keep breathing for speech consistent and to improve speech naturalness. The results of these fluency induction techniques are summarized below:

<u>TASK</u>	<u>%SS without fluency induction</u>	<u>Fluency induction technique</u>	<u>%SS with fluency induction</u>	<u>Duration</u>
Sentence reading	55%	DAF	26%	Mean = 10 sec. Longest = 33 sec.
Sentence reading	55%	FAF	38%	Mean = 8 sec. Longest = 12 sec.

Sentence reading	55%	DAF and FAF	44%	Mean = 6 sec. Longest = 9 sec.
Reading a short paragraph	26%	Choral speech	2%	Mean = 1 sec. Longest = 2 sec.
Sentence repetition	44%	Continuous phonation	33%	Mean = 2 sec. Longest = 6 sec.
Sentence formulation	52%	Prolonged speech	40%	Mean = 4 sec. Longest = 9 sec.
Sentence formulation	52%	Easy onset	38%	Mean = 5 sec. Longest = 9 sec.

A summary of fluency induction revealed that Aaron could not easily modify his speech. For many individuals that stutter, these fluency induction strategies significantly reduce stuttering. This was not the case for Aaron; the only technique deemed highly successful was choral reading which requires another person to read in unison with Aaron. Although this reduced stuttering, it was not viewed as a viable technique to help Aaron succeed in a USMLE type of test in that it requires the assistance of another person. None of the other techniques reduced stuttering to a level of less than 33%.

Evaluation of speaking rate:

Aaron's speaking rate was evaluated during a reading task and during dialogue tasks. Aaron's rate of speaking during a readings task was calculated while he read a standard passage. During this time he read 222 syllables in 6 minutes and 12 seconds. This is an average of 100.5 syllables per minute. Aaron's speech rate was also assessed during dialogue tasks. The calculation was performed by taking three one-minute samples from an extended conversation. Only times when Aaron was speaking were used to calculate his speaking rate. His speaking rates during these three samples were 16 syllables per minute, 54 syllables per minute, and 20 syllables per minute. The average speaking rate for these three samples was 30 syllables per minute. According to normative data (Fairbanks, 1940), adults speak at a rate of 255 syllables per minute during connected speech. Clearly, Aaron's rate of speech is greatly affected by his stuttering.

Evaluation of attitudes and feelings related to stuttering:

In addition to the assessment of speaking behaviors, several measures that allowed Aaron to describe his attitudes and feelings about stuttering were administered. The first of these measures was the Overall Assessment of the Speaker's Experience of Stuttering (OASES-S) (Yaruss and Quesal, 2007). The OASES is meant to determine the impact of stuttering on the life of people who stutter. The TOTAL IMPACT score is derived from multiple questions that are broken into four different categories. The answers to questions are provided by the client making this a self-assessment profile. The overall results and the subsection scores are below:

<u>SECTION</u>	<u>IMPACT SCORE</u>	<u>IMPACT RATING</u>
General Information	67	Moderate-severe
Reactions to stuttering	84	Severe

Communication in daily situations	76	Severe
Quality of life	64.8	Moderate-severe
TOTAL IMPACT SCORE	73.8	Moderate-severe

Several of Aaron's scores were worth noting. In the "General information" section, Aaron reported that he feels *very negative* "about the way he speaks", *very negative* "about the way he sounds", and *very negative* "about being a person who stutters". In the "Reactions to Stuttering" section he reported that he *always* "exhibits eye blinks" and *always* "experiences a period of increased stuttering right after a stuttered word". In the "Communication in Daily Situations" section, Aaron reports *extreme difficulty* while "talking under time pressure", "talking in front of a small group of people", "talking with people he does not know well", and many other situations. In summary, Aaron is greatly handicapped by his stuttering. This test is deemed valid for Aaron in that it agrees with observations by this examiner and is consistent with information gathered through ethnographic interviewing techniques.

In addition to the results reported above, Aaron reported that stuttering bothers him significantly and that it can get in the way of some of the things he wants to do, such as talking on the phone, talking to groups of people and talking to strangers. This and other information was obtained during an ethnographic interview with Aaron. Guidelines for the ethnographic interview were consistent with Westby (1990). Significant findings from this interview are summarized below. Aaron appears to be greatly affected by his stuttering. As of this time, Aaron has not been able to pass the CS section of the USMLE. His scores from June 26, 2009 indicate that he did pass two of the three sections of the USMLE Step 2 CS. His report indicates that he did pass the Integrated Clinical Encounter (ICE) section and the Spoken English Proficiency (SEP) section of the test. He did however *FAIL* the Communication and Interpersonal Skills (CIS) section of the test. According to information from the USMLE website, the CIS subcomponent includes assessment of questioning skills, information sharing skills, and professional manner and rapport. Many of the skills listed in this section are verbal in nature and include "asking about expectations, feelings, and concerns of the patient", and "making empathetic remarks concerning patient issues/concerns". These are specific tasks that Aaron would struggle with due to his severe stuttering.

Standardized Assessment

Finally, a standardized stuttering assessment was used for comparative purposes. The Stuttering Severity Instrument-3 (SSI-3) (Riley, 1994) was administered. The results of this assessment are consistent with the previously reported information, however, it simply makes comparisons to other peers who also stutter. The SSI-3 uses three scores related to frequency, duration, and physical concomitants, which then yield a total overall score. The results are as follows:

<u>TASK</u>	<u>DATA</u>	<u>COMMENTS</u>	<u>TASK SCORE</u>
Frequency	28% (speaking task) 26% (reading task)	9 (9 out of 9) 8 (9 out of 9)	18
Duration	13.0 – 20.0 seconds	(average of the three longest blocks)	14
Physical concomitants	2 (distracting sounds) 1 (facial grimaces) 3 (head movements) 1 (extremity movement)	Barely noticeable Not noticeable if not looking Distracting Not noticeable if not looking	7
TOTAL OVERALL SCORE	96-99 th percentile	Severity Rating: Very severe	39

The data from the SSI-3 indicates that Aaron's stuttering is very severe in nature in comparison to other adults who stutter. It verifies that his stuttering is indeed significant.

Additional information:

Following the formal evaluation, the examiner asked Aaron if there were any other issues that he wanted to discuss. Aaron indicated that he had been practicing using a small text-to-speech device that would allow him to communicate more readily. Since Aaron was not able to effectively and independently communicate in any other fashion, a role playing scenario was played out between the examiner and Aaron. During this task, Aaron spoke short words and used many nonverbal behaviors (nodding for affirmation, etc.). He often attempted to speak, but when he came across a severe block or repetition, he would type a response on his portable computer which converted his ideas to computerized speech output. Although the method was somewhat slow, it was indeed faster than any other form of communication that Aaron exhibited prior to this attempt.

Summary and Recommendations:

Aaron Hartman is a 27 year old individual who stutters severely. His stuttering is marked by part-word repetitions and blocks that are extremely severe in nature. Many blocks were over 20 seconds in clinical settings and over 2 minutes in non-clinical settings. It is extremely difficult for Aaron to communicate. Although Aaron stutters with a high degree of frequency and an extreme amount of severity, he does not exhibit severe secondary characteristics. Fluency induction tasks yielded some relief from stuttering, but the improvements that were made still left Aaron with severe symptoms in terms of both frequency and severity. The one exception to this was with the use of choral speech. Since Aaron's expressed reason for this assessment was to evaluate his speech for the USMLE, choral speech was deemed inappropriate as a tool for him in that it requires another person to help him (thus invalidating a test such as the USMLE). According to tests related to attitudes and feelings about stuttering (such as the OASES), Aaron is greatly impacted by his stuttering. When assessing the length of time that it takes Aaron to verbally communicate, he is 2 ½ times as slow as expected during reading tasks and over 8 times as slow as expected during spontaneous tasks according to normative data (Fairbanks, 1940).

Impressions for the client's stated needs:

As noted earlier, Aaron attended this evaluation to assess his ability to communicate while taking the USMLE Step 2 CS. Based upon the results of my evaluation, it is my impression that Aaron could not do well on any type of timed test that required verbal communication at this time. His speech is marked by severe stuttering that makes him 2 ½ - 8 times slower than expected, depending on the task (spontaneous speech being longer). In addition, his attitudes and feeling about stuttering (and its stress and handicap) would make these symptoms even worse. Although stuttering can be inconsistent in nature across a person's lifetime, Aaron is at a point where his stuttering is VERY SEVERE in nature.

After studying information from the USMLE website, several techniques were evaluated that could potentially minimize the handicapping condition of Aaron's stuttering. The most straightforward attempts at minimizing the handicapping condition of the stuttering was through more traditional methods. These included the use of fluency enhancing conditions, such as DAF, FAF, prolonged speech, and easy onset. Although these methods helped mildly, they still left Aaron with frequent and severe stuttering. Several other methods were suggested and discussed with Aaron. One of these methods was choral speech. Although this method greatly reduced stuttering, it was viewed as not being an option to take the USMLE Step 2 CS in that it only works during reading and would require the assistance of another person, thereby invalidating a standardized test like the USMLE Step 2 CS. It was suggested by the examiner that a nurse or Physician Assistant be used in conjunction with Aaron to help him communicate. After some discussion, it was also decided that this would likely invalidate the testing procedure. Finally, a text-to-speech option was explored to help Aaron communicate in tense situations. In role play settings, this method was the most effective at helping Aaron communicate in a reasonable period of time. Therefore, it is my best recommendation at this time that Aaron be allowed to use a text-to-speech program with a portable computer in order to minimize the handicapping aspect of his stuttering while taking the CS section of the USMLE. Since it does require some typing (which is slower than speech), Aaron should also receive extra time during the information gathering portions of the test. It should be noted that the text-to-speech option is supplemental in nature. Aaron should be encouraged to use verbal expression whenever possible, but to have the device as a supplemental tool to use whenever he has a severe block.

In summary, Aaron Hartman appears to function well in all settings except situations that require immediate and rapid verbal communication. According to reports, he is functioning within expected limits for medical school (written tests, etc.). He reportedly has several close friends and relationships, and enjoys several hobbies. My impression is that Aaron is an intelligent and social person, but suffers some social and educational barriers due to his severe stuttering. At this time Aaron is not capable of eliminating or greatly reducing stuttering through traditional methods.

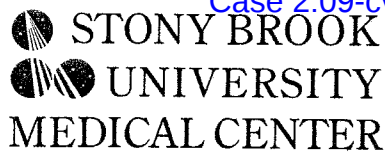
It has been a pleasure to evaluate Aaron. Other than his stuttering, and the associated attitudes related to the stuttering, he appears normal and well adjusted in every other aspect of communication and cognition.

I am available for your consultation at any time through telephone (337-247-0787), or through e-mail (tetnowski@louisiana.edu). Thank you for the opportunity to evaluate Aaron.

/s/

John A. Tetnowski, Ph.D., CCC-SLP
Speech-Language Pathologist
Board Recognized Fluency Specialist/Mentor
LBSLPA #4440

EXHIBIT 16



School of Medicine

Latha Chandran, MD, MPH
Vice Dean
Undergraduate Medical Education

October 5, 2009

Aaron Hartman
30 Great Oak Road
Saint James, NY 11780

Dear Mr. Hartman,

We have been notified by the USMLE that you have not passed the USMLE Step 2 CS exam. In response to your request, I am notifying you of our school's policy regarding this exam.

According to our Policies and Procedures:

"Requirements for Licensure"

Every state has a similar set of requirements to obtain a medical license. Students receiving an MD degree from Stony Brook, an accredited US medical school, must complete at least one year of an approved residency, have a record free of serious criminal or drug related problems, have a good moral character and pass Steps 1, 2 and 3 of the US Medical Licensure Examination. Passing USMLE Steps 1, 2CK and 2CS are also school requirements and the following rules apply:

1. It is the responsibility of the student to register for the USMLE with the National Board of Medical Examiners.
2. All students must take Step I before entering the third year of the medical curriculum and must pass it to continue in the year. Annotation 2 Students not passing Step I within three attempts will be subject to dismissal after a review by the Committee on Academic Standing.
3. All 4th year students must take Step 2CK by the end of February of their senior year for May graduation and by the end of August for December graduation and must pass Step 2CK and CS to graduate. They must take Step 2CS by December 15th for May graduation and by August 15th for December graduation. Annotation 3 Students not passing Step 2 within three attempts will be subject to dismissal after a review by the Committee on Academic Standing.

[Annotation 2. Every medical student at Stony Brook School of Medicine is expected to take the Step I exam promptly after the end of the second year and before the beginning of the third year. Under extenuating circumstances with approval from the Dean's Office, a student may delay taking the Step I exam if requested by June 1st. In all situations, students are REQUIRED to take the Step I examination within six months of completion of the second year of school. In the event of a student failing the first attempt at the Step I

-2- Hartman, Aaron

examination, the repeat examination has to be taken within six months of the first attempt date.

A student who fails the first take of the USMLE Step 1 exam may complete the clerkship being taken when the failing grade is reported. The student must then retake Step 1 before continuing with any other course work. After retaking Step 1 and while awaiting the results, the student may restart clinical rotations by taking a short (2 or 4 week) elective. If the student passes the second take of Step 1, he or she may resume the third year clerkships. A student who receives a second failing score will immediately stop clinical rotations and receive no credit for any course work that has not been completed. A student who has failed Step 1 a second time will not be permitted to begin further course work until Step 1 is passed.

Annotation 3 Under extenuating circumstances, a student may request a delay in these deadlines by submitting a written petition signed by the student's advisor to the Vice Dean of Undergraduate Medical Education.]”

<http://www.hsc.stonybrook.edu/som/policy2/index.cfm> Taken from the webpage on 10/5/09.

Your request to waive the requirement for passing the USMLE Step 2 CS has not been granted. You will have to pass the USMLE Step 2 CS exam in order to graduate from medical school.

Sincerely,



Latha Chandran, MD, MPH

Vice Dean for Undergraduate Medical Education

Professor of Pediatrics

CC: Richard Fine, MD

Jack Fuhrer, MD

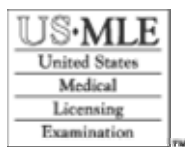
Aldustus Jordan, EdD

Burke Kincaid, Registrar

Marilyn London, EdD

Certified Mail # 7001 2510 0005 7597 1082

EXHIBIT 17



Scoring the Step 2 CS Examination

Step 2 CS is designed to evaluate your ability to gather information that is important for a given patient presentation. During your physical examination of the standardized patient, you should attempt to elicit important positive and negative signs. Make sure you discuss with the patient your initial diagnostic impression and work-up plan. The patients may ask questions concerning their complaints. You should address each patient's concern as you would in a normal clinical setting.

The ability to communicate effectively with patients, demonstrating appropriate interpersonal skills, is essential to safe and effective patient care. Step 2 CS is intended to determine whether physicians seeking an initial license to practice medicine in the United States, regardless of country of origin, can communicate effectively with patients. Carefully developed rating scales, as well as intensive training in their use, are used by the standardized patients to assess communication, interpersonal skills, and English-speaking skills.

Your ability to document in the patient note the findings from the patient encounter, diagnostic impression, and initial patient work-up will be rated by physician raters. You will be rated based upon the quality of documentation of important positive and negative findings from the history and physical examination, as well as your listed differential diagnoses and diagnostic assessment plans. As is the case with other aspects of Step 2 CS scoring, physician raters receive intensive training and monitoring to ensure consistency and fairness in rating.

Scoring of the Step 2 Clinical Skills Subcomponents

USMLE Step 2 CS is a pass/fail examination. Examinees are scored in three separate subcomponents: Integrated Clinical Encounter (ICE), Communication and Interpersonal Skills (CIS), and Spoken English Proficiency (SEP). Each of the three subcomponents must be passed in a single administration in order to achieve a passing performance on Step 2 CS.

The ICE subcomponent includes assessment of:

- Data gathering - patient information collected by history taking and physical examination
- Documentation - completion of a patient note summarizing the findings of the patient encounter, diagnostic impression, and initial patient work-up

Data gathering is scored by checklists completed by the standardized patients. The checklists are developed by committees of clinicians and medical school clinical faculty and comprise the essential history and physical examination elements for specific clinical encounters. The patient note is scored by trained physician raters. Copies of the patient note template, sample patient note styles, and software to practice typing the note are available on the USMLE website. (See also Appendices A - C.)

The CIS subcomponent includes assessment of:

Questioning skills - examples include:

- *use of* open-ended questions, transitional statements, facilitating remarks

- *avoidance of* leading or multiple questions, repeat questions unless for clarification, medical terms/jargon unless immediately defined, interruptions when the patient is talking
 - *accurately summarizing* information from the patient
-
-

Information-sharing skills - examples include:

- *acknowledging* patient issues/concerns and clearly responding with information
 - *avoidance of* medical terms/jargon unless immediately defined
 - *clearly providing*
 - counseling when appropriate
 - closure, including statements about what happens next
-
-

Professional manner and rapport - examples include:

- *asking about*
 - expectations, feelings, and concerns of the patient
 - support systems and impact of illness, with attempts to explore these areas
 - *showing*
 - consideration for patient comfort during the physical examination
 - attention to cleanliness through hand washing or use of gloves
 - *providing* opportunity for the patient to express feelings/concerns
 - *encouraging* additional questions or discussion
 - *making*
 - empathetic remarks concerning patient issues/concerns
 - patient feel comfortable and respected during the encounter
-

CIS performance is assessed by the standardized patients, who provide a global rating of these skills using a series of generic rating scales. The domains included in these scales are, in part, based upon the scales used in the former Clinical Skills Assessment (CSA) of the Educational Commission for Foreign Medical Graduates, with enhancements based upon national consensus statements on essential communication skills and upon review of other commonly used rating forms.

The SEP subcomponent includes assessment of:

- Clarity of spoken English communication within the context of the doctor-patient encounter (eg, pronunciation, word choice, and minimizing the need to repeat questions or statements)

SEP performance is assessed by the standardized patients using rating scales and is based upon the frequency of pronunciation or word choice errors that affect comprehension, and the amount of listener effort required to understand the examinee's questions and responses.

Step 2 CS Score Report Schedule

Step 2 CS examinees are grouped into testing periods according to the dates on which they test. The first results for a given testing period will be issued on the first day of the corresponding reporting period, and it is expected that results for the vast majority of examinees who take the exam during the testing period will be reported on this date. However, it is important to note that there will likely be a small number of examinees for whom scoring and quality assurance are not completed by the first day of the reporting period; these will typically be examinees who took the exam in the latter part of the testing period. Results for these examinees will be reported each week throughout the reporting period, and should be reported no later than the last day of the score reporting period.

This schedule allows USMLE staff to enhance the quality assurance and data collection/scoring procedures performed prior to score reporting. Additionally, it provides examinees, as well as others who rely on Step 2 CS results, with guidelines regarding when a result will be reported for a given exam date. These guidelines allow examinees to plan their exam registration and scheduling in order to have their results in time to meet specific deadlines, such as those related to graduation or participation in the National Resident Matching Program (NRMP), or "the Match." Information about testing periods and corresponding reporting periods is [available](#).

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